

# Call of Interprofessional Duty: an ethnographically informed discussion on preparing students to be digitally resilient

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## Title Page

### Title

Call of Interprofessional Duty: an ethnographically informed discussion on preparing students to be digitally resilient

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### Abstract

What role does social media play for interprofessional education in a pandemic? This is the first pandemic to occur in a world filled with social media, where digital communication is ubiquitous and a high percentage of those affected are digitally literate. This paper situated within a United Kingdom (UK) context will explore this new phenomenon, discussing the ways in which digital gift giving towards health and social care professionals has developed on a variety of social media platforms. This discussion proposes a theoretical understanding of digital gift giving and raises the importance of digital resilience for interprofessional learning and working. Reflections will be made on the expected and imagined reciprocity of digital gift giving and the talismanic nature of employing symbols digitally to ward off COVID-19. This paper employs an ethnographic lens to unpack the issue of digital gift giving and recommends preparing students for the onslaught of digital gifts they may be exposed to upon entering the workplace. Academics are called on as the mediators of these recommendations and suggestions are made as to how students can be best prepared for a digitally saturated interprofessional practice.

### Key Words

Digital gift giving; interprofessional education; ethnography; COVID-19; social media; medical anthropology

## Introduction

Interprofessional Education (IPE) embedded in theory and practice modules forms the basis for students learning with, from and about each other (CAIPE 2002). In this unusual period of COVID-19, IPE has been forced online. Although many institutions in the UK have engaged enthusiastically with online IPE over a protracted period of time (Bluteau & Jackson 2009; Bluteau, Jackson, Clouder & Davies 2014; Sanborn 2016; Evans, Ward & Reeves 2019; Evans, Ward, Shaw, Walker, Knight & Sutherland-Smith 2020), others have shied away in favour of face to face pedagogy. The importance of engaging students in online interprofessional conversations has never been more necessary. However it is important that the conversations extend to include the experience of learning and working in this new world where not only do students need to understand each other's roles and responsibilities but equally, important conversations need to be facilitated that allow students to dwell on the experience of collaborative learning and working in challenging circumstances. The influence of social media in this period of change and uncertainty for health and social care students (and staff) is colossal. While there have been limited efforts to employ social media as a tool to enhance student engagement (Mckay, Steiner Sanko, Shekhter & Birnbach 2014), there has been little work on the impact of social media on interprofessional education. Despite this, the majority of students sent home to engage online are now surrounded by online activity, with social media sending a plethora of messages calling them to duty. These messages call to students across social media inviting them to opt in to paid roles, or offering support for those who choose not to. The messages are overwhelmingly positive and supportive and quite clearly are a type of digital gift.

This discussion paper takes an anthropological reading of digital gift giving within a UK context and asks how we can prepare students who are entering the workforce during and after this pandemic. Whilst this is situated within a UK context, the relevance for an international audience is significant both due to the global nature of the pandemic and the wide reaching nature of social media. Building on the work of Miller (2011, 210; see also Giesler 2006) and drawing from observations of the National Health Service (NHS) in the UK, this discussion conceptualizes digital gift giving as a wide range of actions including the posting of: supportive messages; videos of public and staff clapping; images of rainbows and a big blue heart that have dominated social media within the UK; UK Prime Minister Boris Johnson's message naming the nurses who cared for him while he was in hospital with COVID-19; and, a variety of other images, actions, messages and symbols which are shared across social media platforms such as Twitter, Instagram, and Tik Tok. Academics have a key responsibility to prepare students to be part of an interprofessional team which in turn, is the collective recipient of digital gifts, but there are ethical issues here with regard to the receipt of gifts, the blurring of boundaries when gifts enter the offline world, and the potential disenfranchisement of both team and individual when these digital gifts are rescinded. Students are deluged by digital gifts every time they pick up their smartphone, but these gifts will not remain in their current form after the pandemic has past – although they will remain digitally archived – so how do we prepare students with an exit strategy to move through this seismic shift. Furthermore, with questions as to the addictive nature of social media

currently being asked (see Sutton, 2020) it is necessary for academics to arm students against the addiction to adulation which may present through this pandemic and reassert the necessity of resilience when moving post-pandemic and the digital gift-giving they have experienced is lessened or entirely lost.

Discussions regarding gift giving are a long established anthropological trope, stretching back to Mauss (1954), but in the current pandemic digital gift giving to NHS staff and students has taken on a life of its own. In a recent UK government campaign designed to stem the sharing of false information online it employed the slogan “don’t feed the beast” to describe the phenomenon of sharing false information online and the ensuing impact (HM GOVT). However the way in which the public have been digitally gift giving, is comparable to this phenomenon as they feed the digital beast with positivity and support. These gifts are not pieces of false information, as the government has told us to guard against, but the digital beast is still there, and while the initial impact of all this feeding may be positive for NHS staff and students there are other issues at work here.

This paper will raise a discussion regarding three key strands: interprofessional learning, the impact of teaching online and the environment for digital gift giving through social media. These three strands allow for the phenomenon of digital gift giving towards NHS staff and students during the COVID-19 pandemic to be discussed as potentially problematic. This approach leads to a call for a reassessment of IPE with a suggestion that a reactionary stance be taken to the increasing digitisation of the workplace and the incorporation of digital resilience as a key capability into the interprofessional curriculum.

## Background

It is a difficult time as students engulfed in an overload of social media feel various pressures to perform their chosen role, messages of hope and praise for those who are intimately involved in the care of those most at risk privilege the roles who have been called to duty, and alienate those who have not. Locally, Allied Health Professional (AHP) students waiting in the wings send messages of frustration, wanting clear direction on when they will be needed. For academics it is a time to support those in practice but also those who are not, enabling authentic online interprofessional conversations, engendering respect and understanding of each other roles and accompanying frustrations and what each student has to offer in honest and genuine discussions as they wait to enter interprofessional teams in practice. The importance of facilitating difficult conversations is a crucial skill and enabling students to discuss their experience of social media will prepare them not only for this time of pandemic but also will built transferable understanding and resilience within their professional world.

The digital world can feel like it has always existed, such is the enmeshed nature of the digital in many of our lives. This change has been rapid, with Facebook being released in 2004, the first Apple iPhone in 2007, and Instagram in 2010. These are moments of seismic change in the lived reality of many individual’s day to day lives, and whilst these technologies took time to proliferate, they are now ubiquitous. The last viral outbreak which can be classified as a pandemic was the SARS outbreak between 2002-2004,

predating these digital milestones. The world was a very different place, but how has this new digital world impacted upon interprofessional learning and working?

The current scenario within the NHS, as COVID-19 overtakes all previous experiences for student health and social care professionals, has had huge implications for interprofessional learning and working. Pre COVID-19, at Coventry University, students engaged in face to face, online, simulated experiences, and within practice placements to “learn with, from and about each other to improve collaboration and the quality of care” (CAIPE: 2002). Now, within the space of just a few weeks, courses have been reshaped to move all theory online and many students have been removed from placements. In times of uncertainty health and social care professionals roll their sleeves up, the boundaries blur and roles adapt to do what is necessary, working closely to care for the patient in whatever way best meets their needs. It could be argued this is interprofessional working at its best. Students who have the opportunity to work in practice at this time will be exposed to new ways of working and will have much to offer other students in the online discussions which accompany their practice placements. Skilled facilitation by academics leading interprofessional conversations will have the potential to strengthen interprofessional collaboration, trust and respect.

Within this unusual time students are in a state of flux with academics supporting students who are anxious both about the reshaping of their planned courses but also their personal worlds, family, dependents, caring responsibilities and the pressure to enter practice. At the time of writing second and third year nursing, nursing associates and paramedic students have been initially removed and then returned to enter practice in paid roles to support those moving to the front line. Whilst Midwifery and other AHP students at Coventry – Physiotherapy, Occupational Therapy, Operating Department Practice and Dietetics – have been withdrawn and as yet have not returned. This is due to the different regulators, the Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC), working to different scripts, supported by the range of professional bodies and Health Education England (HEE), setting different boundaries for practice and theory. This has led to some tensions between the different courses as this has given a seeming ‘importance’ and hierarchy of involvement, it could be seen as privileging certain professions in terms of importance and indeed their offer to patients. In this climate some students wait to be called to practice. It is important that academics guide students through this period to make sure that this does not feel like time lost. As well as emphasising the importance of the interprofessional team, even when certain professional groups do not feel part of the interprofessional whole.

## Methods

This paper comments on a set of data collected through a short-term ethnographic engagement with social media and the offline world. Both authors have pooled their collective experience of engagement with the online and offline worlds – in particular the social media platforms Twitter, Instagram and Tik Tok – and the resulting data has been analysed holistically through an ethnographic lens. This data was collected from open-access social media accounts only, and as such can be regarded as publicly available data. The three social media platforms investigated all have their own privacy policy which the researchers were aware of and as no direct quotations have been used

in this discussion there has been no need for anonymising data collected. Due to the nature of this data and the methodology employed gaining ethical approval was not a concern. Ethnography would typically necessitate a much longer period of time being allowed for research, but the time-locked nature of the COVID-19 outbreak means that this is not possible. As such a modified version of immersive cohabitation (Bluteau, 2019) has been employed whereby the researchers have used fields within which they are already immersed and cohabiting, to take a panoramic observation of the unfolding situation around them. This panoramic quasi-photographic snapshot of the unfolding situation surrounding the researchers appreciates the occurrences reported in five-dimensional space, allowing a fourth dimension (time) and fifth (the digital world) to be regarded holistically and simultaneously from a fixed point. This fixed point is the site of regard, the place from which the researcher looks out. In the case of this research, the fact that there are two researchers allows for two points of regard to be employed, permitting two sets of panoramas to be used as datum. If these panoramas are to be visualised as three dimensional representations of an anthropological observation or look, then a pair of intersecting ellipsoid shapes, or deformed spheres is an apt comparison. Naturally, such a visual representation does not pictorially represent the complexities of the fourth and fifth dimensions discussed above, but it does emphasize that the panoramic look does not see equally far in every direction, and that as the researchers know each other (both online and offline), their fields of regard will intersect and overlap, but crucially will not be homogeneous.

Having established the nature of the data gathering method – the immersed and cohabiting researcher employing a panoramic look – it is also necessary to qualify the kind of field which these panoramas encompass. One of the authors is immersed as an academic in a school of health specializing in interprofessional education, whilst the other is a digital and social anthropologist surrounded by UK based tailors and a clothing industry who are responding to the COVID-19 outbreak by turning over their workshops to the sewing of scrubs and masks.

This methodological approach, employing a series of panoramic snapshots as a basis for this commentary, allows the authors the freedom to view the data gathered through an ethnographic lens, employing the authors specialties in interprofessional education and digital anthropology respectively. This allows the authors to engage with the unfolding world around them, with relation to how students on the cusp of entering the interprofessional workplace are experiencing gift-giving and other responses to the outbreak of COVID-19.

## Results

The results for this discussion paper were gathered using the methodological approach described above – a version of immersive cohabitation (Bluteau, 2019) employing a panoramic quasi-photographic regard of the ever changing online and offline world throughout the COVID-19 pandemic. Practically this meant that the authors gathered data from social media platforms through viewing content and interacting for periods up to an hour, several times a day, over an eight week period. The content engaged with, centred primarily on health related twitter feeds, as the authors followed the tweets of: students on health and social care courses; health and social care professionals; professional bodies; the council of deans; lead allied health professionals; and Health

Education England. This was supplemented by engaging with the comments and associated digital noise on twitter associated with these posts as well as gathering data from other social media platforms. Instagram was engaged with through observation and comment primarily to cast a wider view of business providing support for the NHS through the offer of free or discounted products or the production of personal protective equipment (PPE). Finally Tik Tok was engaged with to a lesser extent, again to cast the ethnographic eye further into five dimensional space, and allowing the authors to see responses from both NHS staff and the general public to the unfolding pandemic.

The time locked nature of this research means that its specific pertinence is limited to the period of ethnographic engagement. However, the nature of the findings suggest a relevance for Interprofessional education, both in this uncertain time and beyond. The key finding of this research is that NHS staff and students have received a barrage of digital gifts via social media platforms during the pandemic. Initially the offer of gifts came from businesses, these ranged from bicycle rental and taxi rides, through to coffees, flowers, and mobile phone data (for a full list see NHS England, 2020). However, after a more longitudinal engagement with the three social media platforms, with posts reviewed by the authors through an ethnographic lens, it became clear that digital gifting was far more widespread than the ostensible gifts coming from businesses. Business gifts were frequently advertised through social media, with the posts being shared many times. These gifts ranged from complementary items to discounts, and can be tangibly framed as gifts – although the NHS website (*idem*) describes them as ‘offers’.

There are ethical issues to consider here, not only in regard to the acceptance of gifts, but also through the positioning that these companies are attempting with their alliance to the NHS brand during this time of crisis. Such an act is far from selfless and will doubtless afford excellent opportunities for favourable advertising in the future. Indeed in the UK it is still known that Colman’s supplied mustard powder to Shackleton’s polar expedition and that Cadbury sent chocolate to the WWI trenches over a hundred years later. Furthermore, as highlighted by the #youclapformenow campaign, there are NHS staff who are foreign nationals in the climate of Brexit, now perturbed by the hypocrisy of this applause. These issues will not dissipate, and rather will increase in complexity over time. Resilience is key here, because as quickly as these gifts arrive they could soon vanish, taking with them a digital crutch to get through a bad day, a crucial glue binding together the interprofessional team, or even being replaced just as easily with negative news reports about NHS staff. Academics must therefore be clear with students as to the emotional, and ethical issues inherent in these strange times and arm them against reliance on such gifts.

Beyond these more tangible gifts, the outpouring of support from the community of social media users towards NHS staff and students can also be read as gift. While a single post may not seem a significant action within a wider digitised modernity, the collective deluge of similar posts (what Slater, 2000 would call a ‘post-scarcity’ environment), acts as a very clear digital gift to NHS staff and health and social care students.

For anthropologists, gift giving is a firmly established part of how we engage analytically with commodity exchange and notions of obligation within society (see Mauss, 1954). These actions are framed as both a means of fabricating a collective sense of solidarity (or social cohesion following Durkheim, 1897) and a means of establishing an unspoken reciprocal bond between gifter and receiver. For Mauss (1954) gift giving implies the creation of a social bond, maintained by an implicit obligation. In the case of the digital gift giving we have described, this obligation of reciprocity is less tangible than in the Polynesian context in which Mauss was working, however, the essential principle still applies. Gifts are offered with the assumption that a future service, gift, or favour may be expected in the future. In the case of a pandemic, the outpouring of digital gifts can be thought of as a means of securing the medical treatment one hopes never to need. There is a talismanic nature to this kind of reciprocity, as it can be framed as both an obligation forming action with the NHS and an attempt to ward off the virus through an almost magical employment of symbols, community action and ritualized repetition of tasks, words and actions.

For NHS staff and students, these gifts, in the form of offers from businesses or posts from individuals, can initially be read as hugely positive, encouraging acts which not only provide much needed support in such a difficult time, but also allows for personal messages to be communicated to staff despite social distancing. However this is a simplistic reading of the situation and a more comprehensive critical analysis is needed to engage with the receipt of gifts by NHS staff and students and what this means for interprofessional learning and working.

As already alluded to above, there is a potential for such gifting to bind the interprofessional team more tightly together both in and out of the classroom – bringing the necessity for team working into sharp contrast – both during the pandemic and as a legacy of the pandemic. However, there is also the potential for the gifts to single out certain professions, making those not in receipt feel undervalued and alienated. For students on the cusp of practice, or those who have entered practice in a paid capacity during the pandemic, the result of this gifting may be most keenly felt. Yet these gifts can also divide, and it is worth acknowledging that the images of colleagues in scrubs removes the obvious indication of the constitution of the team. Furthermore, the press dwell upon the fact that only doctors and nurses are present which is in all probability highly unlikely and unhelpful.

Whilst there is an argument that could be made to suggest that both students and staff experience these gifts in a similar way, the authors of this paper wish to highlight the fact that students are much more likely to be high-frequency users of social media, and multiple social media platforms. This highlights the necessity of incorporating a degree of digital resilience into future education as part of an interprofessional curriculum. One of the key capabilities present in the interprofessional framework developed and used at Coventry University, the Collaborative Capability Framework (Pitt, Bluteau & Hutchins, in press), is emotional resilience, and this paper suggests that the introduction of an additional digital resilience capability would be fruitful. This new capability would allow students to understand the importance of engaging responsibly with the digital world as it becomes a considerable part of their work and home life – a process which may help to avoid dissolving the boundaries between online and off. During the COVID-19 pandemic the permeability of such boundaries could be clearly



observed. The following vignette is drawn from observations made by one of the authors of this paper on a Thursday evening during the period of research:

Standing in a car park of a local hospital on Thursday night at 8pm was formidable. In itself, the introduction of Thursday night clapping from a Dutch yoga teacher through social media was powerful stuff. Standing clapping outside, in the street, hearing the resonance of clapping from close neighbours, watching fireworks shoot into the sky, the introduction of pans being struck to create louder expressions of support. Yet nothing prepared for the standing in a hospital carpark as the staff emerged, ambulance sirens hailing, staff in scrubs, anonymous in terms of role, surrounded at a significant distance by many, many neighbours. Applauding heartily, reservedly but with passion. It can only be likened to a theatre performance, at the end of the set applause and reverence for the work that has taken place.

Following this, the authors observed the same event appearing on Twitter, posted, shared and reposted. This is only a single event but is emblematic of offline digital gifts, which can enter the digital landscape and become greater than the initial event. The pattern of sharing and reposting means that such events reappear on user's feeds making them the gift that keeps giving. Furthermore the nature of digital technology means that such events, once captured and shared, become a permanent fixture which can be returned to, experiencing the gift all over again. There are many positives to this, but there are also potential dangers with the authors contending a possibility for obsessive validation-seeking behaviour or reliance on these digital gifts becoming a recognisable issue. This paper suggests that such issues provide rich material for online interprofessional discussion at this time.

## Discussion

The role of the academic in preparing students to work interprofessionally is as vital as it is multifaceted. The need for support for students is paramount – academics teaching health and social care students, in the main, come from caring backgrounds themselves. Nurturing is important and watching students fledge and fly an important milestone. But right now the potential for interprofessional learning in small groups has never been more timely with real life case studies emerging and new ways of working being proposed. The changing health and political landscape that we currently find ourselves in provides opportunity for students to consider their roles as they move forward into practice. Online discussions regarding the blurring of boundaries and experiences of being asked to step outside of clearly defined role descriptors will help students consider how they perceive their own professional role and also how others see them.

The experience of students sharing thoughts and feelings with other students within an interprofessional group is beneficial as they prepare to work as part of a team. Academics have a key responsibility not only to prepare students for interprofessional working but also the onslaught of digital gifts that they will be exposed to. This must include raising the awareness of students, as they move into an interprofessional team in practice, that they will be exposed to digital gifts. It is important to pave the way for a working reality where some teams will be favoured through these gifts, which may engender an addictive quality to the digital realm. A key focus for academics is

supporting students to engage in an exploration of the experience of digital gifts and consider the impact on the interprofessional team and their own professional identity.

Questions remain as to the purpose of the digital world in this pandemic. Being able to post online or place a symbol in the window of your home is an empowered action in a world which can suddenly feel disempowering to the vast majority. Yet for the NHS staff and students, this digital world filled with gifts can act as a salve, a digital ointment to the stress while the smartphone performs like a set of worry beads with the repetitive action of checking one's social media providing a wave of gifted positivity and support. This is not a bad thing. Indeed such support is vital in this time and hugely appreciated by staff. Furthermore the clapping which has become such a feature in recent months is of course a tool for Durkheimian public solidarity, but there is a transformational nature to applause too. It often signified the end of a performance, and the return to a pre-performance self. For NHS staff and students such applause is not only a gift, but it acts to remind them of their non-uniformed selves.

In this era of social media the proliferation of digital gifts can be hugely supportive yet equally addictive. Academics engaging with health and social care students are urged to make space in interprofessional online groups to explore the realities of working in this climate and the experience of receiving digital gifts. By engaging in discussion as small teams in safe online spaces, team members can enable the sharing of thoughts and feelings regarding digital resilience with each other as they learn about the realities of the different professional groups and the impact of the public outpouring on different team members, as well as the team as a whole. Raising awareness of the exit from the pandemic and the realities of leaving this defined time period is important as students can explore scenarios when teams may not be working so closely together. Nevertheless raising awareness among students of the power of teamworking – in times of crisis and beyond – is an important step in sensitizing students to the magnitude of interprofessional working as an imperative.

### Conclusions

The conclusions to be drawn from this paper centre around the digital gifts and the considerable volume of digital gifting presented to NHS staff and students during the COVID-19 pandemic. This discussion paper suggests that interprofessional education needs to respond to this developing digitised workspace, where staff and students can receive gifts through social media, with a clear strategy. The capability which has been identified in this paper is digital resilience, and the authors urge academics to consider the importance of digital resilience as a key area for discussion in interprofessional groups. Interprofessional education is not only about learning about the roles of other professionals, but also engaging with the real world, making sure that the content raised in discussions is applicable to the current situation and that a critical engagement is championed, allowing discussions about the changing landscape of the workplace to be discussed.

### Declaration of Interest Statement

No potential conflict of interest was reported by the authors.

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